

DEPARTMENT OF COMMUNITY DEVELOPMENT – BUILDING INSPECTION

PERMIT NUMBER

APPLICATION FOR BUILDING PERMIT

Job Address: _____ **Today's Date:** _____

The undersigned hereby applies for a permit to do work herein described according to the plans and specifications filed herewith. The undersigned agrees that such work will be done in accordance with the said descriptions, plans and specifications in compliance with the building, zoning and health ordinances and all other ordinances of the City of Waukesha and with all laws and orders of the state of Wisconsin applicable to said premises.

The undersigned further applies for a permit to occupy the premises described herein for the uses and purposes as herein set forth and in strict accordance with all the provisions of the City of Waukesha zoning and health ordinances and all other ordinances of the City of Waukesha and State of Wisconsin applicable to said premises.

Contracting Company _____ Dwelling Contractor Certification # _____ Exp Date _____

Contractor's Name: _____ Dwelling Contractor Qualifier # _____ Exp Date _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Fax # _____

Owner _____ Telephone _____

Address _____ Do you have a Well or Septic? Yes No

City _____ State _____ Zip _____



Check one: ☐ Single-Family ☐ Duplex ☐ Multi-Family ☐ Commercial

Check one: ☐ New Building ☐ Alteration ☐ Repair ☐ Addition ☐ Accessory Bldg

Square Footage of area being Added or Altered _____

Proposed Project: _____ **Estimated Cost \$** _____

Licensed Electrical Contractor

Licensed Plumbing Contractor

Licensed HVAC Contractor

Architect / Designer / Engineer

This permit is in effect for 18 months from date of issue unless work is not started within 120 days of issue date, or activity ceases for more than 120 days, after which this permit shall lapse. If not used, that portion over the Plan Review Fee and an administrative fee of \$20.00 will be refunded by request before expiration. Double fees shall be charged if work is started before permit is issued. Work covered before inspection will be required to be totally exposed for inspection. Once notified that your permit has been issued, permit must be picked up within 25 working days. After this period, project will be marked null & void and all paperwork will be destroyed.
☐ **I HAVE READ AND UNDERSTAND THE TERMS STATED ABOVE. (Must be checked in order to proceed with plan review.)**

Print Name _____ Email Address _____ Age _____ Signature / Date _____

- FOR OFFICE USE ONLY -

Size _____	Footing and Foundation	\$ _____
Zoning District _____ Historic _____	Plan Review	\$ _____
Class _____ Use _____	Permit	\$ _____
Building _____ Sq. Ft.	Occupancy	\$ _____
Garage _____ Sq. Ft.	Copies/Scan Fees	\$ _____
Shed _____ Sq. Ft.	Assessor Fees	\$ _____
Deck _____ Sq. Ft.	Fire. Fees	\$ _____
Total _____ Sq. Ft.	TOTAL FEES	\$ _____

Approved by: _____

Authorized Signature / Date

ADDITIONAL INFORMATION

RESIDENTIAL (includes 1 & 2 Family)

If the project is attached to the Residence, Contractor must have the following:

1. DWELLING CONTRACTOR CERTIFICATION

Issued by the State to insure the contractor complies with:

- a. Worker's compensation requirements.
- b. Unemployment compensation requirements
- c. Liability or bond insurance requirements.

2. DWELLING CONTRACTOR QUALIFIER

Issued by the State after the contractor has completed 12 hours of approved training and has passed an exam.

SUPERVISING PROFESSIONAL

A supervisory professional is required (refer to SPS.361.40 of the Wisconsin Commercial Building Code) for projects involving repair, alteration, or additions to existing buildings where volume of the building is 50,000 cubic feet or more.

DESIGN PROFESSIONAL

Construction documents (plans, specifications, etc.) being submitted for permit approval must be prepared, signed, and sealed in accordance with Chapter 443. Stats and s. A-E 2.02 when the total volume of the building is 50,000 cubic feet or more.